

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 567158

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3			1		
5	3			1		
6	3			1		
7	3			1		
8	3			1		
9	3			1		
10	3			1		
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12	3			1		
13	3			1		
14	3			1		
15	1		1			
16	1		1			
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22			1			
23		1		1		
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25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	2		1			
30	2		1			
31	2		1			
32	2		1			
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34	2		1			
35	2		1			
36	1		1			
37	1		1			
38	1		1			
39	3		1			
40	3		1			
41	3		1			
42	1		1			
43			1			
44			1			
45			1			
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	50	←	41	←	←	
TOTAL CLAIMS	54		45			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY